******Please complete and return to Mrs Cheryl Booth (SENDCo)**

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| --- |
| **Course Dates: (you must attend all three dates)*** **Tuesday 1st October 2019 - 1.30 to 3.00pm**
* **Tuesday 8th October 2019 – 1.30 to 3.00pm**
* **Tuesday 22nd October 2019 – 1.30 to 3.00pm**

**Please Tick*** Any diagnosed additional needs
* Oppositional defiance/ conduct problems
* ADHD
* Autism

*Course not recommended for Children with Severe Developmental Trauma* |

|  |  |
| --- | --- |
| **Name of child:** | **Date Of Birth:** |
| **Name of Parents/Carers:** |
| **Contact Number:** | **E mail:** |
| **Address**  |
| **Number of adults wishing to attend the training:** |
| **Background Information** – why you would like to attend the course**Additional information** **of other agencies** involved with the family – if applicable. |
| **Signed:** | **Date:** |